South Texas Chapter - Health Physics Society
Science Teacher Workshop
STC Membership Interest Survey

Form Available Online

Please Print

Name ____________________________________________________________
Address ____________________________________________________________________________________________
Telephone ___________________________ Email ____________________________

Prior Experience with STWs __________________________________________

Member: South Texas Chapter ☐ Y ☐ N National HPS ☐ Y ☐ N

Occupation/Employer __________________________________________________________________________________

Will you teach: Saturdays ☐ Y ☐ N Weekdays ☐ Y ☐ N Evenings ☐ Y ☐ N

Prefer to Teach (check all appropriate):
☐ Fundamentals of Radiation
☐ Cellular Biology and Radiation Effects
☐ Exposure to Radiation in Modern Life
☐ Radioactive Waste Management
☐ Radiation Safety/Health Physics

Comments ____________________________________________________________

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